



STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
DIVISION OF HEALTH LICENSURE AND REGULATION  
OFFICE OF HEALTH RELATED BOARDS  
665 MAINSTREAM DRIVE  
NASHVILLE, TENNESSEE 37243

TENNESSEE BOARD OF DENTISTRY  
(615) 532-3202 or 1-800-778-4123  
<http://health.state.tn.us/Boards/Dentistry>

## APPLICATION FOR BOARD APPROVAL OF A CERTIFICATION COURSE IN CORONAL POLISHING

This is an application to request Board approval to conduct a certification course in coronal polishing. All questions must be answered truthfully by the owner/director of the school applying for approval. The application will be evaluated and, if approved by the Board, an approval letter will be generated for the course. Applications must be received at least 30 days prior to the next regularly scheduled board meeting. Approval of courses will only be effective until December 31<sup>st</sup> of any given year. The rules regulating coronal polishing and certification courses in coronal polishing are in 0460-4-.04 and 0460-5-.03(2).

**Attach a copy of the course syllabus to be utilized in the course to this application for review by the Board.**

### Contact Information

#### PLEASE TYPE OR PRINT IN INK

(If approved, school/program name, addresses and numbers will be posted on Board's website as listed below.)

Name of School/Program: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Facsimile Number: (\_\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Name of Owner/Director: \_\_\_\_\_

Year Approval is requested for: \_\_\_\_\_

Has this school/program requested and been granted approval in a previous year? Yes \_\_\_\_\_ No \_\_\_\_\_

What year(s) was the approval granted? \_\_\_\_\_

Are there any changes to the curriculum? Yes \_\_\_\_ No \_\_\_\_ Are there changes in instructors? Yes \_\_\_\_ No \_\_\_\_

**NOTE: Approval granted by the Board expires on December 31<sup>st</sup> of the year the approval was granted.**

## Facilities and Instructor Information

At least 30 days prior to the start of the course, the final list of instructors, date of course, and location of the course must be submitted to the Board's Administrative Office. The Board shall be notified immediately of any changes made in the operation of the certification course, such as change of location or directorship. The course must be taught at an educational institution or clinical facility which provides for proper patient care, including access to medication and equipment for the management of emergencies. **List the proposed location(s) of the course, dates and instructors:**

Name of School or Facility where course will be taught: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Will all courses be taught at the above location? \_\_\_\_ Yes \_\_\_\_ No

If no, list name and address of other school/facility where course will be taught: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date(s) of Course: \_\_\_\_\_

Name of Instructor: \_\_\_\_\_

Names of all Clinical Instructors: \_\_\_\_\_

\_\_\_\_\_

Names of all assisting Clinical Instructors: \_\_\_\_\_

\_\_\_\_\_

Instructor to student ratio for course: \_\_\_\_\_

Will an examination be administered to the students? \_\_\_\_ Yes \_\_\_\_ No

## ATTESTATION BY OWNER OR DIRECTOR

I hereby certify that the information provided in this application is accurate and complete. I also certify that the certification course for which Board approval is sought will comply with all statutes and rules regulating admission, facilities, faculty, equipment, and curriculum for certification courses in coronal polishing.

I understand that, if approved by the Board, the certificate of approval shall expire on December 31<sup>st</sup> of any given year. I understand that failure to adhere to the rules governing the admission qualifications in Rule 0460-4-.04(2), the rules for certification courses or failure to provide access to inspection, pursuant to Rule 0460-5-.03(2)(b), may subject the course to withdrawal of course approval by the Board and invalidation of students course results.

\_\_\_\_\_  
Signature of Owner or Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of School or Facility